
	Division of Environmental Health and Communicable Disease Prevention	
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Sample Letters

10.0 Sample Letters

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Insert Your Letterhead Here

SAMPLE

Date: _____

Dear _____

Congratulations! You have completed _____ months of antituberculosis preventive therapy as of _____. For this reason we are not making any further routine clinic appointments for you.

However, no treatment is perfect and we will keep your records in case you should develop symptoms of possible tuberculosis in the future, such as weakness, tiredness, cough that hangs on, unexplained loss of 10 pounds or more, sweating at nights, etc.

Please keep this letter with your important papers so that if you need to see another doctor you will have accurate information about the treatment you have received.

Sincerely,


Dear Doctor:

This patient has received preventive treatment for tuberculosis as indicated below. In the event of symptoms compatible with reinfection, an x-ray and several bacteriological examinations are of paramount importance.

Original diagnosis _____

Treatment from ____/____/____ to ____/____/____

Drugs used: ____ INH 300mg, ____ B6 50 mg, ____ RIF 600 mg, ____ EMB ____ mg,
Other _____

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Insert Your Letterhead Here

SAMPLE


Dear Doctor:

I am writing about a patient, _____, who was referred to you because of a Mantoux skin test reading of ____ mm. This person was apparently not placed on infection treatment because of a prior BCG vaccination.

The most recent recommendation from the Centers for Disease Control and Prevention for the treatment of persons who have had BCG vaccination are found in the Core Curriculum on Tuberculosis (enclosed). Pages 97 and 100 speak to this specific situation, and recommend that such a person be evaluated for infection treatment after active disease has been ruled out.

Thank you for your interest in TB control. If you have questions or comments, please do not hesitate to call this local public health agency at _____ or the Section for Communicable Disease Prevention (1-573-751-6122).

Sincerely,

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Insert Your Letterhead Here.

SAMPLE

Patient Management Agreement

This agreement is enacted between the _____ and the attending physician for the patient shown below. Under this agreement the services will be provided as indicated. Both parties agree to exchange all relevant information on a monthly basis, or more frequently, if warranted by a change in the patient's health status or compliance with therapy.

Patient _____ DOB ____/____/____

Date Reported ____/____/____


	Physician	Health Department
Patient management to be done entirely by:		
Patient to be jointly managed:		
Secure initial or baseline specimen for culture, if not already done		
Perform four (4) drug therapy until culture sensitivity report is back and then adjust as necessary		
Perform directly observed therapy, at least twice a week, with patient		
Send out field worker immediately, if patient misses two (2) consecutive directly observed therapy appointments		
Perform medical evaluation of patient twice a month until sputum smears are negative		
Obtain sputum smears on three consecutive days each month until patient is smear negative		
Obtain sputum smear periodically after patient is smear negative to ensure therapy effectiveness, and obtain three (3) consecutive sputum smears one (1) month after therapy completion		
Evaluate household contacts for infection state and for active tuberculosis disease		

Attending Physician

Date

Health Department Representative

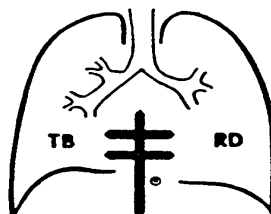
Date

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MISSOURI JOINT CONFERENCE COMMITTEE

A Committee of the Eastern and Western Christmas Seal Associations

**AMERICAN LUNG ASSOCIATION
OF EASTERN MISSOURI**
1118 HAMPTON AVENUE
ST. LOUIS, MISSOURI 63139-3196
(314) 645-5505
TOLL FREE 1-800-467-5864
FAX: 1-(314)-645-7128



**AMERICAN LUNG ASSOCIATION
OF WESTERN MISSOURI**
2007 BROADWAY
KANSAS CITY, MISSOURI 64108
(816) 842-5242
FAX: (816) 842-5470

MACET STATEMENT ON PREVENTITIVE TB THERAPY IN THE FOREIGN BORN

July 1, 2001


“The Missouri Advisory Committee for the Elimination of Tuberculosis (MACET), in review of the high TB rate and significant increases in incidence of TB among the foreign born in the state of Missouri, recommends that all foreign-born persons (including students, immigrants and refugees), notably those from countries of high TB prevalence*, who have latent TB infection (LTBI) as evident by a positive tuberculin reaction, especially those who have been in the United States for less than 5 years, receive infection treatment regardless of age. “

Background

The issue of TB in Missouri among the foreign born, notably those foreign born from countries of high prevalence has been of growing concern to the Missouri TB Control Program and MACET for the past several years. This has also been a persistent problem nationally. The Centers for Disease Control and Prevention has recommended for years that foreign-born persons from areas where TB is common and who are younger than 35 years of age represent high priority candidates for TB infection treatment. The number of cases in Missouri increased from 24 in 1986 to 51 in 2000. Of great concern was the observation that Missouri missed opportunities for preventing the progression of TB infections into TB disease in this group. Data documenting this was presented by Vic Tomlinson, MPA for the Section for Communicable Disease Prevention, and his staff, at the MACET meeting on September 10, 1997. Dr. Bill Banton, Chairman of MACET in 1997, further pointed out that during annual assessments of the TB control programs across the state, there was evidence of TB disease developing in the foreign born within 2-5 years of admission to the USA. At the time of initial clinical evaluation, these persons were asymptomatic with normal chest x-rays but PPD positive, many under age 35, but several over age 35. This finding is consistent with the phenomenon noted by the CDC that foreign-born persons are at high risk for TB disease in the first five years after arriving in the USA.

*The Missouri Department of Health considers the following countries as areas of high TB prevalence: Asia, Africa, Latin America, Eastern Europe (including Russia and Bosnia), Caribbean, and Pacific Islands.

"Use Christmas Seals - it's A Matter of Life and Breath"

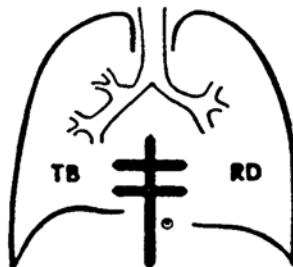
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2007 BROADWAY
KANSAS CITY, MISSOURI 64108
(816) 842-5242
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Missouri Advisory Committee for the Elimination of Tuberculosis (MACET) Statement for Oncology Patients:

All oncology patients should be tested for TB before undergoing immunosuppressive therapy.


DRAFT 02/13/03

A recent TB outbreak among immunosuppressed cancer patients in Missouri and Illinois has highlighted the ongoing and significant threat TB poses to this group. In light of these events, MACET recommends that Missouri's oncologists and other physicians evaluate all cancer patients for latent TB infection (LTBI) and TB disease prior to undergoing immunosuppressive therapy. Those suspicious for TB disease should be immediately referred for a thorough diagnostic evaluation. Those diagnosed with LTBI should be strongly considered for treatment, regardless of age. Both TB disease and LTBI are reportable conditions in Missouri. Any patient suspicious for TB disease or LTBI should be reported to the local public health agency or state health department within 24 hours or 3 days, respectively.

Supportive Evidence

Oncology patients are among those immunocompromised patients who are vulnerable to nosocomial *Mycobacterium tuberculosis* (TB) outbreaks, since they have increased risks for TB reactivation and are more likely to progress to active TB disease after infection. Missouri Department of Health and Senior Service's (MO DHSS) recent experience with an outbreak of TB among cancer patients underscored the need to emphasize the Centers for Disease Control and Prevention's (CDC) for targeted TB testing of all immunosuppressed persons, including oncology patients¹.


¹ CDC Core Curriculum on Tuberculosis: What the Clinician Should Know, 4th Ed, 2000.

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- 1) Recent evidence indicates that oncology and hematopoietic stem cell transplant (HSCT) patients in Missouri are not being screened for TB with diligence. Only 40% of 45 oncology patients surveyed in this investigation recalled having a tuberculin skin test (TST) within the last 5 years. A substantial number of health care workers caring for oncology patients lacked documentation of TST screening within one year. The lack of previous and baseline TST results makes the interpretation of any newly identified TST reaction more difficult. Oncologists may be underestimating their patient's risk for TB leading to lapses in compliance with CDC recommendations.
- 2) Symptoms of TB may be masked by typical respiratory complications in oncology patients. The diagnosis of TB in one case was delayed for months since fevers, cough and pulmonary infiltrates were attributed to underlying disease related to malignancy rather than TB. Clinicians need to quickly identify TB among immunocompromised patients and presumptively implement airborne isolation precautions pending confirmatory laboratory studies and/or TST testing. Alertness to TB and its signs, symptoms and risk factors should be an integral part of continuing medical education, bacteriology testing, and infection control programs.
- 3) Oncology and HSCT patients are likely to congregate with other immunosuppressed patients during treatment regimens in health care and residential settings (i.e., oncology hostels). Such high concentrations of patients at risk increased the potential for TB outbreaks.

Maintaining heightened awareness for TB in oncology patients through 1) thorough evaluation of TB status for all newly diagnosed oncology patients, 2) prompt diagnosis of TB and 3) strict adherence to infection control practices in health care settings where oncology patients congregate for treatment is crucial to the elimination of TB in Missouri. MACET is comprised of Pulmonary Medicine and Infectious Disease Specialists and other clinicians with expertise in the diagnosis and treatment of TB, and can provide consultation resources as needed through the American Lung Association of Eastern Missouri at 314-645-5505. For further details regarding the aforementioned outbreak and recommendations and other background information, contact Lynelle Phillips, RN MPH, Missouri's Public Health Advisor for the CDC at 573-751-6498, or you may contact the MO DHSS TB Control program at 573-751-6122.

"Use Christmas Seals - it's A Matter of Life and Breath"

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SAMPLE

KANSAS CITY HEALTH DEPARTMENT
KANSAS CITY, MISSOURI

TUBERCULOSIS CONTROL
1423 East Linwood Boulevard
Kansas City, Missouri 64109
(816) 923-2600

PATIENT CARE AGREEMENT
HOSPITAL QUARANTINE CONFINEMENT INSTRUCTIONS


NAME _____

DATE OF QUARANTINE CONFINEMENT _____

I, _____, patient/guardian, have received information explaining my responsibilities for adhering to the rules of hospital quarantine confinement, which I accept as an effective part of my plan of treatment for tuberculosis.

I AGREE TO COMPLY WITH THE FOLLOWING INSTRUCTIONS:

1. Remain confined to my assigned room, unless escorted or instructed by hospital personnel to leave the room.
2. Wear a mask covering my nose and mouth when requested.
3. Take all medications, treatments and medical procedures for tuberculosis treatment prescribed by the physician.
4. Report to the hospital staff and/or physician any problem with medications and/or treatment procedures.
5. Will keep all follow-up appointments when the quarantine confinement and hospitalization has been rescinded.

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SAMPLE

I the undersigned understand and here by agree to follow the above instructions as explained to me. I understand that at anytime that I do not follow these instructions I may be committed by court order to Missouri Rehabilitation Center, Mt. Vernon, Missouri, for the duration of my treatment.


I certify that I have received a copy of the instructions.

Patient Signature

Date

Witness Signature/Title

Date

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SAMPLE

CITY OF FOUNTAINS
HEART OF THE NATION



KANSAS CITY
MISSOURI

Health Department

Section

1423 East Linwood
Kansas City, Missouri 64109

(816) 923-2600

Dear Doctor,

Thank you for reporting your patient's mycobacterial infection. As you are aware, the Health Department has a legal responsibility to ensure that each individual is correctly determined to be either a case of tuberculosis or to be infected with another mycobacterium. If the individual is a case of tuberculosis, the legal responsibility extends to ensuring that the individual receives treatment in accordance with the prevailing standard of practice. In addition, the Health Department must evaluate the patient's family and contacts for evidence of infection or disease.

Patient _____

DOB _____


Date Reported _____

The Health Department needs to establish a "Patient Management Agreement" with you concerning this individual. You can provide all services in connection with this illness, or you can have the Health Department provide all services. If you prefer, we can negotiate a division of service provision. All our services, x-ray, physician evaluation and consultation, medication, toxicity testing, etc, are free of charge to Kansas City, Missouri, residents. Whatever arrangement is agreed upon, timely exchanges of information are essential between yourself and the Health Department to ensure patient compliance with therapy and appropriate testing for drug toxicity.


If the individual has another type of mycobacterial infection that is amenable to treatment, and is co-infected with the human immunodeficiency virus, the Health Department can arrange for that individual to receive free medication for his/her mycobacterial infection.

Please indicate the type of "Patient Management Agreement" you desire for this patient on the following page. Our Tuberculosis Control staff will work out the details of the arrangement with your office. Thank you.

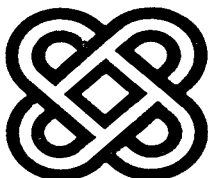
Sincerely,


 Frances Zampine, R.N., M.A.
 Manager, Disease Control Program

Missouri Department of Health and Senior Services
Tuberculosis Case Management Manual

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SAMPLE



Health Department

Section

TUBERCULOSIS CONTROL

City of Kansas City, Missouri
Heart of America

1423 East Linwood
Kansas City, Missouri 64109

(816) 923-2600

DATE: _____
RE: _____
DOB: _____
ADDRESS: _____

Dear Doctor:

The above named patient is being followed by the Health Department Tuberculosis Clinic for _____ since _____.

As of _____ the patient has completed _____ months of therapy. In order to update our records, would you please check the appropriate blanks below and return this letter to us.

If you wish to extend therapy beyond the recommended 6-12 months, please forward new prescriptions and indicate the expected number of refills to be dispensed.

Medications currently dispensed are: INH _____mg RIF _____mg
PZA _____mg SM _____g
EMB _____mg Other: _____

Thank you,

Discontinue medication as of _____, therapy complete.

Continue therapy until _____, prescriptions enclosed.

Therapy previously discontinued on _____ due to _____.

(Drs. signature & date)